

The Social and Economic Benefits of Improving Mental Health

About On the Line

On the Line welcomes the opportunity to make a submission to the Productivity Commission's inquiry into the social and economic benefits of improving mental health.

On the Line is a professional social health organisation that delivers outsourced phone and digital counselling solutions nationally on behalf of our funders. We specialise in mental and social health; suicide prevention and trauma-informed practice for people affected by suicide; anger management; family violence; healthy relationships and integrated wellbeing; chronic health conditions; and problematic drug and alcohol abuse.

With over 60 years' experience delivering mental health services to the community via Federal and State Government funding, corporate and community partners, On the Line is a national provider of some of Australia's most vital and trusted services including MensLine Australia, Suicide Call Back Service and SuicideLine Victoria.

On the Line is the only Australian organisation accredited by the American Association of Suicidology.

Our operational footprint includes:

- 22 tele-psychotherapy services, managed in partnership with commercial, government and NGO partners, and Primary Health Networks.
- Our phone, web chat and video counselling services are supported by digital and offline marketing and promotions, interactive websites, and moderated social media channels and forums.
- From July 2017 to June 2018, we supported 102,645 calls and online counselling sessions across telephone, web chat, live video and social media channels.

Mental health issues in Australia

The prevalence and impact of mental health issues in Australia represents a genuine health crisis that affects large sections of the population. In 2011, mental health issues were Australia's third highest burden of disease, accounting for 12 percent of the total burden¹.

Recent research has shown that almost half of the Australian population will experience a mental health issue during their lifetime² and one in five Australians have experienced a mental health condition in the past 12 months³.

Mental health issues are estimated to cost the Australian economy up to \$60 billion annually in health care, lost productivity and many other direct and indirect costs⁴.

The urgency and importance of addressing mental health issues in Australia becomes even greater when we consider that the true scale of the problem is likely under-reported, as 65 percent of people

¹ Australian burden of disease study, Australian Institute of Health and Welfare

² Australian Bureau of Statistics. (2008). National Survey of Mental Health and Wellbeing: Summary of Results, 2007. Cat. no. (4326.0). Canberra: ABS.

³ https://www.blackdoginstitute.org.au/docs/default-source/factsheets/facts_figures.pdf

⁴ Investing to Save – The economic benefits for Australia of investment in mental health reform. (2018). Mental Health Australia and KPMG

with a diagnosable mental illness do not access treatment⁵. This lack of help-seeking behaviour also represents a significant challenge for the future, as it exists despite many billions of dollars in expenditure, plus numerous enquiries and reviews of the mental health care system.

In Australia, the most common disorders that people are likely to experience are anxiety (14.4%), depression, mood or personality disorders (6.2%), and substance abuse disorder (5.1%)⁶.

While there is a wealth of research on specific mental health issues and their impact, these issues have also been shown to have secondary effects, with corresponding impact on our health care, justice and other systems. Mental health issues also contribute to other societal problems. People experiencing mental health issues are more likely to engage in other harmful behaviours, especially if an issue remains untreated. Poor mental health is closely correlated with substance abuse, an increased likelihood of experiencing family violence, poor physical health, a higher incidence of suicide, and shorter life expectancy⁷. When we also consider the burden of care, with approximately 240,000 Australians acting as carers to someone with a mental illness in 2015⁸, we can begin to appreciate the scale of the problem for the Australian population.

Suicide

The Australian Bureau of Statistics' Causes of Death data for 2017 showed that 3,128 people took their own lives during the reporting period. This represented a 9% increase, meaning suicide had become the 13th leading cause of death (up from 15th position in 2016)⁹. In 2016, suicide came at a cost to the economy of more than \$1.6 billion. The economic burden of suicide in Australia also incurs direct costs, including coronial, ambulance and policing costs of \$24 million per annum and costs due to the loss of future earnings of \$1.6 billion over the life course.¹⁰

The fact that Australians are 2.5 times more likely to die by suicide than be killed in a motor vehicle accident¹¹, that three quarters of suicides are men¹² and that rural areas have double the suicide rate of metropolitan areas¹³, clearly shows that our current approach needs to adapt if it is to effectively deal with what is in every sense a national crisis.

Recent research¹⁴ suggests that suicide arises in part from a deficit in coping skills, and therefore necessitates a paradigm shift in our approach to suicide prevention. Efforts need to be made to take a broader view that incorporates early intervention, social health and wellbeing as a means of tackling the issue.

⁵ Australian Bureau of Statistics, Mental Health Statistics, 2015

⁶ https://www.blackdoginstitute.org.au/docs/default-source/factsheets/facts_figures.pdf

⁷ <https://www.betterhealth.vic.gov.au/health/ConditionsAndTreatments/substance-abuse-and-mental-illness-dual-diagnosis>

<https://www2.health.vic.gov.au/mental-health/practice-and-service-quality/safety/family-violence-identifying-and-responding>

https://www.humanrights.gov.au/sites/default/files/content/disability_rights/health/MHCA.doc

<https://www.betterhealth.vic.gov.au/health/ConditionsAndTreatments/suicide-and-mental-illness>

<https://www.sane.org/media-centre/media-releases-2015/1461-close-the-gap-on-life-expectancy-for-australians-with-mental-illness>

⁸ Economic value of informal mental health caring in Australia, Mind Australia

⁹ Australian Bureau of Statistics, Causes of Death, 2017

¹⁰ Investing to Save – The economic benefits for Australia of investment in mental health reform. (2018). Mental Health Australia and KPMG

¹¹ <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3303.02017>,

¹² <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3303.02017>

¹³ <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features30Mar+2011>

¹⁴ <https://www.theage.com.au/national/care-collaborate-connect-new-approach-to-suicide-prevention-20190122-p50sx2.html?btis>

Early intervention and precursors of mental illness

While our society's current approach to addressing mental health issues has its strengths, it is at heart a reactive model intended to treat the outcomes or symptoms of mental illness, rather than prevention and addressing the underlying causes.

Prevention and early intervention is crucial in addressing mental health issues, as there are clear correlations between the comparative lack of action on early, causative and precursive factors, and the increasing prevalence of issues such as anxiety, depression and loneliness. Common mental health issues like depression, stress and anxiety can result from the build-up of many smaller challenges in a person's life. When these concerns are not adequately addressed, they can become more problematic and manifest as more serious health concerns, leading to poorer health outcomes, including destructive coping mechanisms like alcohol and substance abuse¹⁵, self-harm, or sometimes even suicide.

For example, there is compelling evidence that suggests a combination of poor help seeking behaviour and lack of appropriate support is a factor in the high suicide and fatality rates among men abusing alcohol and illicit substances as a coping mechanism. Alcohol alone is responsible for 3.2% of the burden of disease in Australia and in 2004, was estimated to cost society \$15.3 billion, with another \$1 billion attributable to joint consumption of alcohol and drugs¹⁶.

While physiological and genetic factors certainly play a role in mental illness, many commonly diagnosed issues are an outcome of an inability to properly address mental health issues as they manifest and the exhaustion of coping mechanisms. The resulting feelings of hopelessness and despair are commonly reported among people who experience suicidal thoughts.

The argument that targeted and earlier intervention carries a lower cost to society than treating the subsequent adverse physical and mental health outcomes is supported in many studies, notably the Hackney Trial¹⁷. This study showed that well-targeted early interventions can demonstrably transfer reliance from high cost resources (e.g. GPs and hospitals) to lower cost alternatives (e.g. community support organisations) while still delivering a similar outcome.

In 2017 the UN special rapporteur reported a different approach to mental health, stating that "although more has been invested in primary mental health care, there are significant opportunities to improve the cost-effectiveness of mental health services through better treatment pathways that are integrated and coordinated with increased community promotion, prevention, rehabilitation care and recovery services"¹⁸

It's clear that the key to reducing the burden of disease, and therefore the overall cost on society, lies in early intervention that addresses the underlying causes of mental health.

What is social health?

The term social health describes an individual's general outlook and wellbeing within the context of interpersonal relationships. Although social health is intrinsically linked to a variety of factors like physical health, identity, job satisfaction or relative financial security, it is fundamentally determined by the nature of a person's interpersonal relationships.

¹⁵

<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2017~Main%20Features~Deaths%20due%20to%20harmful%20alcohol%20consumption%20in%20Australia~4>

¹⁶ <https://aic.gov.au/publications/tandi/tandi454>

¹⁷ Local action on health inequalities. Reducing social isolation across the lifecourse. 2015. Dan Durcan, Dr Ruth Bell

¹⁸ Investing to Save – The economic benefits for Australia of investment in mental health reform. (2018). Mental Health Australia and KPMG

The importance of quality relationships

The importance of relationships in maintaining social, physical and mental health cannot be understated. Close personal relationships and connections offer people the most readily available means of support.

It is well-documented that having a strong circle of supporting peers is one of the most beneficial ways to maintain good mental health. Strong support networks are acknowledged as protective factors for a variety of issues such as depression, anxiety and suicidal ideation. There is also evidence to suggest that relationships can play a role in reducing other societal issues including violent extremism. Support networks help prevent distress from escalating into more serious or even destructive issues, while also providing the individual with an emotional safety net.

One of the most famous studies showing the value of a social health approach to wellbeing is the 80-year longitudinal Study of Adult Development at Harvard Medical School. More commonly known as the Grant and Glueck study, it followed two cohorts throughout their entire lives. The study found that greater satisfaction and quality of relationships were clear predictors for better physical and mental health later in life.¹⁹

The role of loneliness

There is mounting support for the idea that loneliness, social isolation and poor social connections can be a precursor of many mental, physical and societal challenges, including depression, substance abuse, homelessness, suicide and violence.

As an organisation that helps more than 100,000 people feel better each year, On the Line sees and hears about the impact of loneliness every day. Twenty-two per cent of people who contact an On the Line support service report loneliness as the primary reason they are seeking help. In the past two years, On the Line has seen a 200% increase in clients reporting loneliness as the main reason for their distress.

The full extent of the impact of loneliness on health and wellbeing remains widely unrecognised in Australia, despite a recent survey from the Australian Red Cross²⁰ that found that as many as 5.6 million Australians are suffering from loneliness.

The stereotype that lonely people are predominantly single retirees is not supported by the evidence. Instead, the Red Cross Loneliness survey revealed that young men reported feeling lonely the most. Specifically, men aged 18-34 were significantly more likely than other groups to feel lonely almost all the time or quite often²¹. This presents a huge challenge for our society, as the effects and costs arising from loneliness continue over a longer proportion of people's lives, at significant individual, social and economic cost.

Loneliness is often confused with social isolation. Although loneliness and social isolation are closely related, they are distinct phenomena, but do carry some of the same outcomes. The way loneliness and social isolation have been defined has changed over time, but the underlying feeling that unites the two, disconnection, must be at the heart of our change efforts.

Loneliness may be described as an individual's feeling of sadness or distress about feeling disconnected from the surrounding world. John Cacioppo, a leading researcher in the field of

¹⁹ <https://www.adultdevelopmentstudy.org/grantandglueckstudy>

²⁰ The Australian Red Cross Loneliness Survey. 2017.

²¹ The Australian Red Cross Loneliness Survey. 2017.

loneliness, defines loneliness as “a debilitating psychological condition characterized by a deep sense of emptiness, worthlessness, lack of control, and personal threat.”²²

Social isolation is an objective term that describes a state of being physically separated from other people. This can be geographic isolation, or an absence of relationships at an individual and societal level.²³

While social isolation is relatively easy to quantify, loneliness is more difficult as it is an intrinsic state of mind. It can occur regardless of geography and proximity to others. The extent to which an individual feels lonely may depend more on the quality of a person’s relationships than on numbers.

There is mounting evidence that loneliness may become the Western world’s next health crisis²⁴ much as obesity was identified three decades ago as a public health epidemic.

The impact of loneliness

Loneliness is increasingly being classified as a disease that not only carries its own social and economic impact, but has a multitude of further impacts on both mental and physical health, both as a contributing cause and an exacerbator of other issues. The outcomes of loneliness ultimately cost society. Lonely Australians were found to have significantly worse mental and physical health than connected Australians²⁵.

A study²⁶ of 5,270 US Medicare beneficiaries found that individuals who were socially isolated cost the Medicare system \$1643 more per year than similar individuals who had good social networks. The difference in spending was even greater for widowed seniors at \$3,276 more per year. Beneficiaries who reported being lonely cost Medicare \$875 more per year when compared to similar individuals who did not report feeling lonely. Pioneering psychologist Frieda Fromm-Reichmann believed that loneliness lay at the heart of nearly all mental illness²⁷ and the more we learn, the more evidence there is to support her beliefs.

Social isolation, in addition to its direct impacts, has been suggested to predict depression and anxiety, especially in adolescents²⁸. The impact of depression on workplace productivity alone is estimated to be between 3.9 and 9.2%, with resulting absenteeism of between 50 – 138 hours per person, per annum²⁹.

Lonely Australians are more likely to be depressed and more likely to be anxious about social interactions than those not lonely. Higher levels of loneliness are also associated with higher levels of social interaction anxiety, less social interaction, poorer psychological wellbeing and poorer quality of life³⁰.

²² VanderWeele, Hawkey, Thisted, & Cacioppo, 2011.

²³ Pate, A (2014). ‘Social Isolation: Its impact on the mental health of older Victorians’, COTA Victoria, Working Paper No. 1, 6

²⁴ Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality: A meta-analytic review. *Perspectives on Psychological Science*, 10, 227-237.

²⁵ APS & Swinburne University (2018). Australian Loneliness Report

²⁶ Shaw, J.G., Farid, M., Noel-Miller, C., Joseph, N., Houser, A., Asch, S.M., Bhattacharya, J., Flowers, L., (2017). Social Isolation and Medicare Spending: Among Older Adults, Objective Social Isolation Increases Expenditures while Loneliness Does Not. *Journal of Ageing Health*, 29(7), 1119–1143.\

²⁷ <https://www.tandfonline.com/doi/abs/10.1080/00107530.1990.10746661>

²⁸ Levula, A., Harré, M. and Wilson, A. 2018, ‘The Association Between Social Network Factors with Depression and Anxiety at Different Life Stages’, *Community Mental Health Journal*, vol. 54, no. 6, pp. 842–854.

²⁹ Investing to Save – The economic benefits for Australia of investment in mental health reform. (2018). Mental Health Australia and KPMG

³⁰ APS & Swinburne University (2018). Australian Loneliness Report.

Loneliness and physical impacts

We are beginning to understand that our physical health is not just impacted by illness, disease and other factors, but also by how we feel and our sense of belonging. Meaningful social connections are recognised as fundamental to our wellbeing as much as a healthy diet and exercise.

As researchers look more closely at the inner workings of the body, including cells and nerves, they are confirming that loneliness does not just affect our emotions, but also impacts our bodies. According to VicHealth, "Psychobiologists can now show that loneliness sends misleading hormonal signals, rejigs the molecules on genes that govern behavior, and wrenches a slew of other systems out of whack. They have proved that long-lasting loneliness not only makes you sick; it can kill you"³¹.

Why does loneliness have such a big effect? In part it's because it triggers our stress response. We know that when stress responses remain activated for long periods they can play havoc with our wellbeing, as they suppress the function of our immune systems and raise levels of the hormones cortisol and epinephrine; which contribute to inflammation and weakened immunity. This makes us more vulnerable to infection and viruses and puts us at increased risk for developing all kinds of illness and diseases.³²

Some of the physical ailments shown to be worsened by loneliness include³³:

- poor cardiovascular health
- heart disease;
- stroke;
- Alzheimer's disease and other neurodegenerative diseases
- high blood pressure;
- cancer
- premature death.
- Diabetes;
- Respiratory illnesses like the common cold;
- Dietary problems such as loss of appetite, sudden weight gain or loss.

Loneliness and premature death

People who are lonely, socially isolated or live alone are more likely to die earlier than people who are connected, regardless of participants' age or socioeconomic status³⁴. The economic cost of premature death of people with a mental illness in Australia amounts to \$15 billion annually³⁵.

The work of UCLA psychologist Naomi Eisenberger demonstrated that loneliness and the corresponding feelings of rejection act on the same parts of the brain as physical pain; so much so that the same painkillers we take for physical suffering can also ease the ache of loneliness,³⁶. But the damage loneliness can do goes beyond pain, and can even hasten death.

The work of Eisenberger, Holt-Lunstad and others has highlighted some disturbing results, including:

- Chronic loneliness, isolation and living alone actually increases risk of an early death by 26 – 32%.³⁷
- Those with fewer than three people they could confide in and count on for social support were roughly twice as likely to die from a vast array of diseases than those with more confidants.³⁸

³¹ <https://www.vichealth.vic.gov.au/letter/articles/vh-letter-47-loneliness>

³² <https://www.psychologytoday.com/au/articles/201803/cure-disconnection>

³³ <https://www.verywellmind.com/loneliness-causes-effects-and-treatments-2795749>

³⁴ Loneliness and social isolation as risk factors for mortality: A meta-analytic review

³⁵ Investing to Save – The economic benefits for Australia of investment in mental health reform

³⁶ Naomi I Eisenberger, Matthew D Lieberman, Kipling D Williams, 2003. Does rejection hurt? An fMRI study of social exclusion.

³⁷ <https://www.nhs.uk/news/mental-health/loneliness-increases-risk-of-premature-death/>

³⁸ <https://www.psychologytoday.com/au/articles/201803/cure-disconnection>

- Greater social connection resulted in a 50% reduced risk of early death.³⁹

Studies have shown that socially isolated or lonely men had a 90% increased risk of cardiovascular death and more than double the risk of death from an accident or suicide.⁴⁰ Research has also suggested that middle-aged adults were at greater risk of mortality when lonely or living alone than when older adults experienced those same circumstances⁴¹.

The economic benefits of action on mental health issues

Mental health issues are estimated to cost the Australian economy up to \$60 billion annually in health care, lost productivity, and many other direct and indirect costs⁴². The combined costs of physical issues that can be worsened by loneliness is more than \$38 billion. The Investing to Save⁴³ report estimates that action on their key recommendations (including investment to halve the rate of suicide across Australia; taking action on depression with early intervention on adolescents; and rolling out collaborative care models to 50,000 people with a severe or complex mental illness who may not otherwise be eligible for community mental health supports) would generate between \$8.2 billion and \$12.7 billion in savings from an investment of under \$4.4 billion.

The Hackney Trial⁴⁴, that pursued community-based, early intervention pathways to treating mental ill health, was shown to deliver a social cost benefit six times greater than if people visited their GPs, while still delivering comparable outcomes. Most promisingly, the trial was calculated to offer a social return on investment of \$6 to \$1.

The London School of Economics⁴⁵ undertook a systematic review of 50 papers to better understand the cost effectiveness of interventions which addressed loneliness. As a results, they estimated the costs over a ten-year period to be between £1,700 to £6,000 (dependent on age and severity of loneliness) with a conservative estimate of return on investment of between £2 and £3 per £1 invested over a five-year period.

Researchers for the UK's Campaign to End Loneliness⁴⁶ determined that every £1 spent on a successful loneliness intervention in the UK delivered a £2-£3 saving in costs for the community. This campaign helped government better understand the multi-faceted impact of loneliness and ultimately resulted in the appointment of the UK's first Minister for Loneliness.

³⁹ <http://www.sciencetimes.com/articles/17720/20170807/study-unveils-loneliness-increases-risk-early-death-more-deadlier-obesity.htm>

⁴⁰ <https://www.providr.com/being-lonely/>

⁴¹ Loneliness and social isolation as risk factors for mortality: A meta-analytic review

⁴² Investing to Save – The economic benefits for Australia of investment in mental health reform

⁴³ Investing to Save – The economic benefits for Australia of investment in mental health reform

⁴⁴ Local action on health inequalities. Reducing social isolation across the lifecourse. 2015. Dan Durcan, Dr Ruth Bell

⁴⁵ London School of Economics and Policy, (2017). Making the economic case for investing in actions to prevent and/or tackle loneliness: a systematic review.

⁴⁶ <https://www.campaigntoendloneliness.org/>

Recommendations

The prevalence of mental illness in our society and the flow-on effects it produces warrants a response at the highest level.

On the Line supports the position of Orygen's Patrick McGorry, who believes that funding and emphasis on mental health initiatives needs to be treated with the same importance as major health concerns like cancer and heart disease⁴⁷. On the Line believes that a health care system that places greater emphasis on prevention and early intervention of mental and social health issues will lead to better health outcomes for all Australians. On the Line also believes that preventative and early intervention strategies that address loneliness and social isolation are key to a reducing economic costs of mental health issues. Indeed, studies such as Investing to Save⁴⁸ and the Hackney Trial⁴⁹, demonstrate that comparatively small investments in support mechanisms earlier in the health care cycle have been shown to return a significant benefit.

To provide a mental health system that better meets the needs of Australians, it is vital that a renewed approach incorporates Primary, Secondary and Tertiary components, through the lens of social health.

1. Primary approach

Grass roots community-based initiatives that help equip the population with resilience, coping skills and protective factors to help prevent, address and self-manage mental health issues where practical.

- Treat loneliness and social isolation as a public health threat and allocate corresponding resources to address this core issue.
- Adding 'social connectedness' as a key health indicator.
- Increasing investment and resourcing in awareness, psychoeducation, resilience and coping skills building and self-care initiatives.
- Addressing the damaging impact of stigma on help-seeking behaviour and access rates.
- Elevating the importance and effectiveness of strong relationships as a protective factor against mental illness and suicide.
- Enact comprehensive federal, state and community level approaches to mental health issues and suicide.

2. Secondary approach

Early intervention strategies that help change the trajectory of individuals at risk.

- Early intervention, including increasing support for low intensity mental health issues.
- Increase availability, accessibility and support for suicide prevention services.

3. Tertiary approach

Treatment and support for individuals who are experiencing mental health issues.

- Implementing tailored models of support that work with the strengths, capabilities and preferences of the help-seeking cohort.

⁴⁷ <https://www.smh.com.au/politics/federal/mental-health-review-must-achieve-radical-reform-patrick-mcgorry-20181107-p50eje.html>

⁴⁸ Investing to Save – The economic benefits for Australia of investment in mental health reform

⁴⁹ Local action on health inequalities. Reducing social isolation across the lifecourse. 2015. Dan Durcan, Dr Ruth Bell

- Increasing access through flexible delivery, improved communications infrastructure, increased resourcing and reduced end-user costs.

Conclusion

The economic case for addressing mental health issues in Australia is compelling. With the right approaches this could result in a significant reduction in current spend levels and also have marked impact on costs incurred through the flow-on effects of mental ill health.

Australia's mental health system would benefit from greater emphasis on early intervention on lower intensity issues to help prevent them from escalating into more problematic outcomes described earlier in this submission. This necessitates an expanded view of what we define as a mental health issue, looking beyond issues that are clinically defined and becoming more aware of precursive influences such as loneliness and periods of acute stress, that can lead to larger and more costly mental health issues in future.

Elevating the importance of close personal relationships in public health approaches and messaging is one of the most effective changes we could make to our system. Efforts are needed to increase the skills of Australians in coping, resilience, creating and sustaining social networks and teaching people how they can better support the people they care about.

We need to invest in social health and programs that address social issues and support people to learn how to have positive relationships with themselves, the people they love, and the communities in which they live. We all need to learn about how our minds work and give people the skills to deal with life's ups and downs.

Most importantly of all, let's build our ability to better connect with and support each other. Strong, nurturing and caring relationships have the power to prevent everyday challenges from becoming more concerning issues. It's time we learned to empower each other to be the best support possible for the people we care about. Let's take the opportunity that this renewed focus on mental health brings to make social health a frontline strategy in helping protect and care for each other.